

## CPAP Troubleshooting Guide

Problem:	Solution:
<p><b>Difficulty Tolerating CPAP Pressure:</b></p> <p>During the initial start-up period, it is not uncommon for a patient to find the prescribed CPAP pressure hard to tolerate.</p> <p>Please remember that an adjustment period is necessary. Practice, patience and persistence will pay off.</p>	<ul style="list-style-type: none"> <li>Ask your Respiratory Therapist about increasing the amount of time from your baseline pressure to the prescribed pressure.</li> <li>Consider using Auto CPAP over a Fixed CPAP, as the pressure will only increase when the user is asleep</li> <li>Rule out nasal obstruction, deviated septum, nasal congestion or nasal dryness</li> <li>Consider wearing the CPAP device while awake or while watching T.V.</li> <li>Return to a sleep clinic for review. Consider a lower or higher start pressure. Sometimes a higher pressure will open up the nasal passages and make it easier to breathe.</li> <li>Try a different CPAP mask.</li> </ul>
<p><b>Nasal Congestion/ Dryness or Post Nasal Drip</b></p> <p>Nasal congestion is probably one of the biggest impediments to using CPAP.</p>	<ul style="list-style-type: none"> <li>Using a heated humidifier allows the air to retain more moisture. A heated hose will also retain this moisture as the air flows from the humidifier to the user.</li> <li>Use saline sprays (<a href="#">Nasomist</a>) or a nasal moisturizer (<a href="#">Nasogel</a>) before and after using your CPAP</li> <li>Rule out Post-nasal drip or allergic rhinitis. Consider inhaled nasal corticosteroids (<a href="#">Flonase</a> or <a href="#">Nasonex</a>). Consider nasal or oral antihistamines. Ask your respiratory therapist about these options.</li> <li>You may be breathing in through your nose and out through your mouth, causing the nose to become dry. Ask your respiratory therapist about your options.</li> <li>Consider a full-face mask or a hybrid oral/nasal mask</li> <li>Consider using an OTC nasal decongestant (for example: <a href="#">Otrivan</a>) for no longer than 3 nights. Use longer than 3 nights can cause rebound congestion. Ask your respiratory therapist about your options.</li> </ul>
<p><b>Mouth Leaks / Mouth Breathing</b></p>	<ul style="list-style-type: none"> <li>Symptoms may improve with time as patients become accustomed to wearing nasal CPAP.</li> <li>Ensure optimal humidity. Consider a heated humidifier and hose.</li> <li>Consider a chin-strap.</li> <li>Consider a full-face mask.</li> </ul>
<p><b>Mask Leaks</b></p>	<ul style="list-style-type: none"> <li>Ensure straps are tight enough. This is the most common problem.</li> <li>Poorly fitting mask. Usually nasal masks seal better than nasal pillows and long term compliance is usually better.</li> <li>Consider another CPAP mask; may be fitting poorly or try another type of mask (ie: nasal pillow, nasal, or full-face mask)</li> <li>If your mask is old consider a replacement or a new cushion.</li> </ul>
<p><b>Claustrophobic</b></p>	<ul style="list-style-type: none"> <li>Wear your CPAP while you are awake, watching <a href="#">tv</a> or reading</li> <li>Consider a different mask. (ask your respiratory therapist if a different type of mask will work for you, like a nasal pillow mask)</li> </ul> <p>Try this Claustrophobia plan:</p> <p>Day 1: Wear CPAP for 10-15 minutes. Note that you'll feel as if you're getting too much air and that it's hard to exhale all of the air. During the daytime you don't need CPAP because your muscles are stimulated and your throat is open, so all of the CPAP air is going to your lungs and it will feel different. This isn't bad and it WON'T hurt you. If you feel stressed, calmly and gently lift the mask (or pillows) off your face. Then calmly try again.</p> <p>Day 2: Repeat. Now try opening your mouth and talking with the CPAP on. Note how hard it is to do. If you feel stressed, calmly and gently lift the mask (or pillows) off your face. Then calmly try again.</p> <p>Day 3-5: Repeat as much as necessary until the CPAP can be worn for 15 minutes. Now try to wear it at night. Don't worry if you're not successful. Try a bit more each night.</p>
<p><b>Unintentional Removal of mask/pillows during sleep</b></p> <p>Common during first three months of CPAP use.</p>	<ul style="list-style-type: none"> <li>Often more common with nasal pillows over nasal mask, as the nasal masks are more secure</li> <li>Ensure mask leak issues are corrected as this could be the root cause</li> <li>Ensure optimal nasal humidification. Follow advice for nasal congestion.</li> </ul>
<p><b>Dry mouth</b></p>	<ul style="list-style-type: none"> <li>Increase CPAP humidity. Consider a heated hose or climate line.</li> <li>Rule out mouth opening. Consider a chin strap if this is occurring.</li> <li>Consider the use of OTC glycerin bases saliva agents such as <a href="#">MoiStir</a>. (paste used at night prior to CPAP to help protect the oral cavity from drying) Ask your respiratory therapist about your options.</li> </ul>
<p><b>Swallowing Air (Gastric Insufflation)</b></p>	<ul style="list-style-type: none"> <li>Limit pressure on CPAP.</li> <li>Increase humidity with a heated hose or <a href="#">ClimateLine</a> hose.</li> <li>Rule out mouth opening issues. Often the cause.</li> <li>Ask your therapist about being switched to a <a href="#">BiPAP</a> machine.</li> </ul>
<p><b>Skin Breakdown / Allergic reaction</b></p>	<ul style="list-style-type: none"> <li>If mask is new, soak in warm soapy water to remove any manufacturing residue. Never clean with harsh cleaners.</li> <li>Ensure mask is not too tight.</li> <li>Consider a mask from a different vendor/manufacturer as the design and cushion materials may be different</li> <li>Consider a nasal pillows mask, as there is less contact with the skin</li> <li>If you experience nasal bridge breakdown, consider a nasal gel pad or barrier such as a Band aid, Moleskin or a Breath Rite</li> <li>Consider a <a href="#">SleepWeaver</a> fabric nasal mask.</li> <li>Replace masks and nasal pillows on a regular basis. Old masks breakdown and become colonized with fungus and bacteria</li> <li>Consider a cotton liner to go over the mask as a skin barrier</li> <li>Consider a ointment for skin breakdown (ex: <a href="#">Secaris</a> or <a href="#">Roezit</a>)</li> </ul>
<p><b>Insomnia / Difficulty falling asleep with CPAP</b></p> <p><b>COLD or Sinus Infection</b></p> <p><b>Swollen eyes/ Irritated eyes</b></p> <p><b>Still snoring on CPAP</b></p> <p><b>Headaches or Ear pressure</b></p> <p><b>Unable to use CPAP, Trial Stopped</b></p>	<ul style="list-style-type: none"> <li>Wear CPAP while awake ie: while watching TV or reading</li> <li>Follow sleep hygiene recommendations</li> <li>Ask your respiratory therapist to explain the ramp feature on your CPAP machine, or if you have a Fixed CPAP, consider talking to your therapist about an Auto CPAP</li> <li>Continue using CPAP only if tolerated</li> <li>If you use a nasal mask and are unable to breathe through your nose, discontinue CPAP use</li> <li>Consider a full-face mask as a back-up if you frequently get colds.</li> <li>Increase the CPAP humidity.</li> <li>Rule out issues with mask leaks</li> <li>Change mask</li> <li>Try a mask with a different exhalation port direction</li> <li>You may need to increase the pressure on your CPAP, ask your therapist about this</li> <li>If you have a bed partner, ask them if you are mouth breathing or the mask is leaking while you are snoring</li> <li>This is usually caused by sinus congestion</li> <li>Rule out pre-existing cold, sinus issues or allergies. May need to put CPAP on hold until this resolves.</li> <li>Consider an ENT Doctor referral for frequent and chronic problems.</li> <li>Consider an Oral Appliance for patients that cannot tolerate CPAP. Ask your Respiratory Therapist about your options.</li> <li>Usually indicated for patients with snoring or mild apnea only. (approximately 60% effective, although compliance is higher).</li> <li>May be contraindicated for patients with TMJ issues</li> </ul>